

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FOR HAWAII

(Type or Print Clearly) PARTI LOBBYIST NAME (Last) **TELEPHONE** (First) (Middle) **PAVLICEK MELISSA TEVES** (808) 447-1840 MAILING ADDRESS (Street) FAX (808) 523-3712 841 BISHOP STREET, SUITE 2100 **EMAIL** MPAVLICEK@HAWAIIPUBLICPOLICY. (City) (State) (Zip Code) HONOLULU **HAWAII** 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** HAWAII PUBLIC POLICY ADVOCATES, LLC (808) 447-1840 MAILING ADDRESS (Street) FAX (808) 523-3712 841 BISHOP STREET, SUITE 2100 FMAIL. INFO@HAWAIIPUBLICPOLICY.COM (City) (Zip Code) (State) 96813 HONOLULU **HAWAII**

OR (Do not abbreviate) EALTH	TELEPHONE (808) 677-2503	
EALTH	(808) 677-2503	
		
MAILING ADDRESS (Street)		
91-2301 FORT WEAVER ROAD		
(State)	(Zip Code)	
HAWAII	96706	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		
LEONARD LICINA		
	FAX (808) 677-2570	
91-2301 FORT WEAVER ROAD		
(State)	(Zip Code)	
HAWAII	96706	
	(State) HAWAII ARING ORGANIZATION'S EXPENDITURES STATEMENT (State)	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	Education		Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (Indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections		
BARTIN CERTIFICATI	ON OF LOPPYOT			
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
1 Nel Partice 1/28/13			1128/13	
(Signature of Lobbyist) (Date)				
PART V AUTHORIZATION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
LEONARD LICINA		CEO		
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
KAHI MOHALA BEHAVIORAL HEALTH ((808) 677-2503		
MAILING ADDRESS (Street)			FAX (808) 677-2570	
91-2301 FORT WEAVER ROAD		EMAIL LICINAL@KAHI.ORG		
(City)	(State)		(Zip Code)	
EWA BEACH	HAWAII		96706	
I hereby authorize the	e above - namêd person to ei	ngage in lobbying activities or	n behalf of the undersigned.	
Henra	rd Alcina		1-16-13	
(Signature of Authorizing Officer or Person Represented)		(Date)		